


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<b>For Official Use Only</b>  <b>E</b>	<b>1. FILE NUMBER</b> <div>5 0 9 - 1 6 1</div>	<b>2. PERIOD COVERED</b> <table border="1"><thead><tr><th>MO</th><th>DAY</th><th>YEAR</th></tr></thead><tbody><tr><td>From 0 1</td><td>0 1</td><td>2 0 0 2</td></tr><tr><td>Through 0 5</td><td>0 7</td><td>2 0 0 2</td></tr></tbody></table>	MO	DAY	YEAR	From 0 1	0 1	2 0 0 2	Through 0 5	0 7	2 0 0 2	<b>3. (a) AMENDED</b> — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> <b>(b) TERMINAL</b> — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> <b>(c) SUBSIDIARY</b> — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	MO	DAY	YEAR									
From 0 1	0 1	2 0 0 2										
Through 0 5	0 7	2 0 0 2										
<b>4. AFFILIATION OR ORGANIZATION NAME</b> HOTEL EMPL, RESTAURANT EMPL AFL-CIO		<b>8. MAILING ADDRESS</b> First Name R I C H A R D Last Name S A W Y E R P.O. Box - Building and Room Number (if any)  Number and Street 2 8 0 0 F I R S T A V E R M 3 City S E A T T L E State ZIP Code + 4 W A 9 8 1 2 1 - <div></div>										
<b>5. DESIGNATION (Local, Lodge, etc.)</b> LU		<b>6. DESIGNATION NUMBER</b> 8										
<b>7. UNIT NAME (if any)</b>  												
<b>9. Are your organization's records kept at its mailing address?</b> (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												

<b>75. ADDITIONAL INFORMATION</b>	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>John W. Wilhel</u> PRESIDENT Date <u>202-393-4373</u> Telephone Number (If other title, see instructions.)	77. SIGNED: <u>Sherré Cheesa</u> TREASURER Date <u>202-393-4373</u> Telephone Number (If other title, see instructions.)
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## During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... ☐ Yes ☒ No
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ Yes ☐ No
12. Have a political action committee (PAC) fund? ..... ☐ Yes ☒ No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☐ Yes ☒ No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☒ Yes ☐ No
15. Discover any loss or shortage of funds or other property? ..... ☐ Yes ☒ No  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☐ Yes ☒ No
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ Yes ☒ No

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period?
19. What is the date of your organization's next regular election of officers?   MO     YEAR
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>4.00 TO 32.50</u> per <u>MONTH</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>40.00 TO 150.00</u>
(c) Transfer Fees	\$ <u>0</u>
(d) Work Permits	\$ <u>3.50</u> per <u>SHIFT</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... ☐ Yes ☒ No  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ Yes ☒ No
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ Yes ☒ No

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 5 0 9 - 1 6 1

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only – Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
<b>ASSETS</b>	25. Cash.....	1	6 7 6 0 0 2	6 7 5 1 3 0
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	2 8 8 4 9	2 8 8 4 9
	30. Fixed Assets.....	5	3 7 4 3	6 5 7 6
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		7 0 8 5 9 4	7 1 0 5 5 5
<b>LIABILITIES</b>	33. Accounts Payable.....	8	0	0
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	4 1 1	3 2 4
	37. TOTAL LIABILITIES.....		4 1 1	3 2 4
	38. NET ASSETS (Item 32 less Item 37).....		7 0 8 1 8 3	7 1 0 2 3 1

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 9 - 1 6 1

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		4 4 7 8 9 3	56. To Officers.....	9	0
40. Per Capita Tax.....		0	57. To Employees.....	10	1 4 4 4 4 9
41. Fees.....		8 3 0 7 0	58. Per Capita Tax.....		2 0 4 1 4 3
42. Fines.....		0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments.....		0	60. Office & Administrative Expense....	13	6 4 5 1 9
44. Work Permits.....		0	61. Educational & Publicity Expense...		1 6 6 6
45. Sale of Supplies.....		0	62. Professional Fees.....		1 2 4 6 5
46. Interest.....		8 8 4 5	63. Benefits.....	11	3 5 9 9 5
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	1 4 0 0
48. Rents.....		0	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	0	66. Direct Taxes.....		2 2 4 1 0
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		3 4 7 7 5
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	3 8 9 0
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf....		0	70. Repayment of Loans Obtained.....	8	0
54. Other Receipts.....	14	3 3 0 2	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	1 8 2 7 0
55. TOTAL RECEIPTS.....		5 4 3 1 1 0	74. TOTAL DISBURSEMENTS .....		5 4 3 9 8 2

**Enter Amounts in Dollars Only -- Do Not Enter Cents**

## SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in.....           Item 27 ..... Column (A)           Item 69 .....           Item 51 .....           Item 75 ..... with Explanation           Item 27 ..... Column (B)					

# **SCHEDULE 2 - INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 509 - 161

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	2 8 8 4 9
5. Total Book Value	2 8 8 4 9
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) SEATTLE LABOR TEMPLE STOCK	2 8 8 4 9
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	2 8 8 4 9
The total from Line 7 is entered in ..... Item 29, Column (B)	

# **SCHEDULE 3 - OTHER ASSETS**

Description (A)	Book Value (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 31, Column (B)	

# **SCHEDULE 4 - OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. WITHHELD PAYROLL TAXES	3 2 4
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 2 4
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 0 9 - 1 6 1

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	2 1 3 4 3	1 4 7 6 7	6 5 7 6	
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	2 1 3 4 3	1 4 7 6 7	6 5 7 6	0
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
7. Less Reinvestments				0
8. Net Sales				0
The total from Line 8 is entered in ..... Item 49				

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 9 - 1 6 1

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. COMPUTER	5 6 4	5 6 4	5 6 4
2. OFFICE CUBICLES AND DESKS	3 3 2 6	3 3 2 6	3 3 2 6
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	3 8 9 0	3 8 9 0	3 8 9 0
	7. Less Reinvestments		0
	8. Net Purchases		3 8 9 0
The total from Line 8 is entered in ..... Item 68			

# SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34 Column (C) with Explanation Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 9 - 1 6 1

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. NONE NONE	P	0	0	0	0	0
2.						
3.						
4.						
5.						
6.						
7.						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		0	0	0	0	0
				10. Less Deductions		0
				11. Net Disbursements		0
The total from Line 11 is entered in ..... Item 56						

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 9 - 1 6 1

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. COUTINHO BUSINESS AGENT	1 1 0 7 0	0	6 9 4	0	1 1 7 6 4
2. FREEMAN BUSINESS AGENT	1 7 3 0 7	0	1 5 4 4	0	1 8 8 5 1
3. HERRA DUES ADMIN.	1 3 0 5 6	0	0	0	1 3 0 5 6
4. JOHNSTON BUSINESS AGENT	1 4 8 5 9	0	1 8 2 4	0	1 6 6 8 3
5. LAROCQUE BUSINESS AGENT	1 2 6 0 0	0	1 7 3 7	0	1 4 3 3 7
6. Totals from additional pages (if any)	7 4 1 0 6	0	6 7 6 3	0	8 0 8 6 9
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	2 7 1 9 5	0	0	0	2 7 1 9 5
8. Totals of Lines 1 through 7	1 7 0 1 9 3	0	1 2 5 6 2	0	1 8 2 7 5 5
			9. Less Deductions	3 8 3 0 6	
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements	1 4 4 4 4 9	

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 0 9 - 1 6 1

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH & WELFARE	H.E.R.E. TRUST FUNDS	1 3 6 8 0
2. PENSION	H.E.R.E. TRUST FUNDS	1 2 9 6 5
3. INTERNATIONAL UNION DEATH BENEFITS	BENEFICIARIES	7 5 0
4. H.E.R.E. LOCAL 8 DEATH BENEFITS	BENEFICIARIES	8 6 0 0
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		3 5 9 9 5
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. FRATERNAL	4 0 0
2. CIVIC	2 0 0
3. POLITICAL	8 0 0
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 4 0 0
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. INSURANCE	2 5
2. OFFICE SUPPLIES	9 9 1 3
3. POSTAGE	6 4 5 1
4. PRINTING	4 5 9 6
5. RENT	1 6 6 9 9
6. REPAIRS & MAINTENANCE	1 0 3 3 7
7. Total from additional pages (if any)	1 6 4 9 8
8. Total of Lines 1 through 7	6 4 5 1 9
The total from Line 8 is entered in ..... Item 60	

# **SCHEDULE 14 - OTHER RECEIPTS**

Description (A)	Amount (B)
1. EXPENSE REIMBURSEMENTS	2 3 0 2
2. DEATH BENEFITS FROM INTL	1 0 0 0
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 3 0 2
The total from Line 17 is entered in ..... Item 54	

# **SCHEDULE 15 - OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. REFUNDS	4 0 9 9
2. RETURNED CHECKS	1 2 3
3. SHOP STEWARDS	2 3 0 1
4. ARBITRATION	9 0 0
5. NEGOTIATION	2 2 8 4
6. 401K - PAYROLL DEDUCTION	2 1 2 6
7. TIP - PAYROLL DEDUCTION	3 3 0
8. DUES - PAYROLL DEDUCTION	1 1 6 2
9. INTERN EXPENSE	4 9 4 5
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 8 2 7 0
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 05/07/2002

FILE NUMBER: 509 - 161

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
LORE ' LOUIS BUSINESS AGENT		1 4 5 5 3	0	6 5 1	0	1 5 2 0 4
LONG MAGDELAINE BUSINESS AGENT		1 0 3 8 6	0	3 1 8	0	1 0 7 0 4
MELVILLE ZELLA OFFICE MANAGER		1 7 3 0 7	0	1 2 6 1	0	1 8 5 6 8
PERESTRJO OMAR BUSINESS AGENT		1 4 5 5 3	0	1 4 3 1	0	1 5 9 8 4
VANROSSUM ERIK BUSINESS AGENT		1 7 3 0 7	0	3 1 0 2	0	2 0 4 0 9

ORGANIZATION NAME: <b>HOTEL EMPL, RESTAURANT EMPL AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>05/07/2002</b>

FILE NUMBER: **5 0 9 - 1 6 1**

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 9 - 1 6 1

05/07/2002

**SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)**[illegible]

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:  
05/07/2002

FILE NUMBER: 509 - 161

## 75. ADDITIONAL INFORMATION

Item Number	
11	<p>HOTEL EMPLOYEES RESTAURANT EMPLOYEES HEALTH TRUST PLAN EIN 91-0590441 PN 501 C/O WELFARE &amp; PENSION ADMINISTRATION SERVICES, INC. PO BOX 34203 SEATTLE WA 98124</p> <p>HOTEL EMPLOYEES RESTAURANT EMPLOYEES PENSION PLAN EIN 91-6145131 PN 001 C/O WELFARE &amp; PENSION ADMINISTRATION SERVICES, INC. PO BOX 34203 SEATTLE WA 98124</p>



ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 509 - 161

ENDING DATE OF PERIOD COVERED:  
05/07/2002

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	AUDIT PERFORMED BY LOCKITCH CLEMENTS & RICE PS

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 05/07/2002

FILE NUMBER: 5 0 9 - 1 6 1

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
2	HERE LOCAL 8 CAME OUT OF TRUSTEESHIP ON MAY 7, 2002. THEREFORE THE PERIOD COVERED BY THIS LM-2 IS THE SHORT PERIOD JANUARY 1, 2002 TO MAY 7, 2002.

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 509 - 161

ENDING DATE OF PERIOD COVERED:  
05/07/2002

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
56	THERE ARE NO OFFICERS OF HERE LOCAL 8 FOR THE PERIOD JANUARY 1, 2002 TO MAY 7, 2002 BECAUSE THE LOCAL WAS UNDER TRUSTEESHIP BY ITS INTERNATIONAL UNION.

ORGANIZATION NAME:

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 509 - 161

ENDING DATE OF PERIOD COVERED:

05/07/2002

## TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

Trustee Sign:

*Ronald Richardson*

TRUSTEE

Trustee Sign:

TRUSTEE

Date

Telephone Number

202-393-4373

Date

Telephone Number